

COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA

Foster Grandparent / Senior Companion Program

VOLUNTEER TIME SHEET / MILEAGE REIMBURSEMENT FORM

NAME (Please Print): _____

Month of: **May 2013**

Program you volunteer for:(please circle) **FGP / SCP**

Do you ride public transportation?:(please circle) **YES/NO**

DATE	LOCATION ASSIGNED	# OF VOLUNTEER HOURS	# OF MILES (or \$ paid for transportation)	COMMENTS
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				
13th				
14th				
15th				
16th				
17th				
18th				
19th				
20th				
21st				
22nd				
23rd				
24th				
25th				
26th				
27th				
28th				
29th				
30th				
31st				
TOTALS:				

I certify that this statement, and the amount claimed are true, correct, and complete to the best of my knowledge. I certify that I possessed a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of this travel.

REIMBURSEMENT REQUEST INFORMATION

Hours @ \$2.65 per hour.

Miles @ .40 per mile.

TOTAL HOURS x \$2.65: _____

TOTAL MILES x \$.40: _____

TOTAL AMOUNT TO BE REIMBURSED

\$ _____

X _____
VOLUNTEER SIGNATURE
DATE: _____

X _____
SITE SUPERVISOR / CLIENT
DATE: _____

X _____
PROGRAM COORDINATOR
DATE: _____

X _____
SITE SUPERVISOR / CLIENT
DATE: _____

X _____
SITE SUPERVISOR / CLIENT
DATE: _____

X _____
PROGRAM DIRECTOR
DATE: _____